

APPENDICES

APPENDIX METHOD 1: LIST OF THE CANADIAN, FRENCH AND US RECOMMENDATIONS ON PREVENTIVE CARE IN ADULTS INCLUDED UP TO NOVEMBER 3RD, 2011.

Canadian Task Force on Preventive Health Care:

- Breast Self-Examination to Screen for Breast Cancer (2001)
- Colorectal Cancer Screening (2001)
- Counseling for Risky Health Habits (2001)
- Dipstick Proteinuria Screening of Asymptomatic Adults to Prevent Progressive Renal Disease (1994)
- Early Detection and Counselling of Problem Drinking (1994)
- Hypertension in the Elderly: Case-Finding and Treatment to Prevent Vascular Disease (1994)
- Level to Prevent Coronary Heart Disease (1994)
- Lowering the Blood Total Cholesterol (1994)
- Nutritional Counselling for Undesirable Dietary Patterns and Screening for Protein/Calorie Malnutrition Disorders in Adults (1994)
- Physical Activity Counselling (1994)
- Prevention and Treatment of Violence Against Women (2003)
- Prevention of Dental Caries (1995)
- Prevention of Falls in Long-Term Care Facilities (2005)
- Prevention of Gonorrhea (1994)
- Prevention of Hearing Impairment and Disability in the Elderly (1994)
- Prevention of Household and Recreational Injuries in the Elderly (1994)

- Prevention of Oral Cancer (1994)
- Prevention of Osteoporosis and Osteoporotic Fractures in Postmenopausal Women (2002)
- Prevention of Pancreatic Cancer (1994)
- Prevention of Periodontal Disease (1994)
- Prevention of Skin Cancer (1994)
- Prevention of Suicide (1994)
- Prevention of Tobacco-Caused Disease (1994)
- Prevention of Weight Gain and Obesity in Adults (2006)
- Screening and Management of Hyperhomocysteinemia for the Prevention of Coronary Artery Disease Events (2000)
- Screening for Abdominal Aortic Aneurysm (1994)
- Screening for Asymptomatic Bacteriuria in the Elderly (1994)
- Screening for Bladder Cancer (1994)
- Screening for Breast Cancer (1994)
- Screening for Cervical Cancer (1994)
- Screening for Chlamydial Infection (1996)
- Screening for Cognitive Impairment and Dementia in the Elderly (2001)
- Screening for Cognitive Impairment in the Elderly (1994)
- Screening for Colorectal Cancer (1994)
- Screening for Depression in Primary Care (2005)
- Screening for HIV Antibody (1994)
- Screening for Human Papillomavirus Infection (1995)
- Screening for Hypertension in Young and Middle-Aged Adults (1994)
- Screening For Lung Cancer (2003)

- Screening for Ovarian Cancer (1994)
- Screening for Prostate Cancer (1994)
- Screening for Testicular Cancer (1994)
- Screening for Thyroid Disorders and Thyroid Cancer in Asymptomatic Adults (1994)
- Screening for Tuberculosis (1994)
- Screening for Type 2 Diabetes Mellitus to Prevent Vascular Complications (2005)
- Screening for Visual Impairment in the Elderly (1995)
- Screening Mammography among Women Aged 40–49 Years at Average Risk of Breast Cancer (2001)
- Secondary Prevention of Elder Abuse (1994)
- Use of Back Belts to Prevent Occupational Low-Back Pain (2002)

French recommendations:

- Alcohol and general practice: clinical guidelines for early identification and brief intervention (National Institute for Prevention and Health Education, 2008)
- Assessment and management of older people making repeated drops (French National Authority for Health / HAS, 2009)
- Assessment of risks associated with exposure to ultraviolet (French Agency for the Safety of Health Products / AFSSAPS, 2005)
- Clinical and economic screening for hemochromatosis HFE1 in 2004 (French National Authority for Health / ANAES, 2004)
- Crude hypothyroidism in adults (French National Authority for Health / HAS, 2007)
- Diagnosis, treatment and monitoring of patients with chronic low back pain (French National Authority for Health / ANAES, 2000)
- Evaluation of screening for lower urogenital infections with Chlamydia trachomatis in France (French National Authority for Health / ANAES, 2003)

- How to prevent fractures due to osteoporosis (French National Authority for Health / HAS, 2006)
- Identification and management of adult patients with chronic kidney disease (French National Authority for Health / HAS, 2005)
- Management strategy in case of protein-energy malnutrition in the elderly (French National Authority for Health / HAS, 2007)
- Melanoma screening (French National Cancer Institute / InCA, 2008)
- Methods of assessing global cardiovascular risk (French National Authority for Health / ANAES, 2004)
- National Health and Nutrition Program (Ministry of Health and Solidarity, 2006)
- Nutrition and the prevention of cancer (French National Cancer Institute / InCA, 2009)
- Opportunity to expand the national screening program for breast cancer in women aged 40 to 49 years (French National Authority for Health / ANAES, 2004)
- Overweight and obesity in adults (French National Authority for Health / HAS, 2011)
- Physical Activity and Health (French Nutrition Society, 2005)
- Place assays of apolipoproteins A1 and b in the lipid (French National Authority for Health / HAS, 2008)
- Place of virtual colonoscopy in screening for colorectal cancer (French National Authority for Health / ANAES, 2001)
- Prevention of accidental falls in the elderly (French National Authority for Health / HAS, 2005)
- Prevention of falls in the elderly at home (National Institute for Prevention and Health Education, 2005)
- Principles of screening for type 2 diabetes (French National Authority for Health / ANAES, 2003)
- Prior assessment of syphilis in France (French National Authority for Health / HAS, 2007)
- Project pregnancy information, prevention messages, offer examinations (French National Authority for Health / HAS, 2009)

- Recommendation for cancer screening in the European Union (National Institute for Public Health Surveillance, 1999)
- Screening and treatment of infection with *Neisseria gonorrhoeae* (French National Authority for Health / HAS, 2010)
- Screening for abdominal aortic aneurysms and monitoring of small abdominal aortic aneurysms (French Society of Vascular Medicine, 2006)
- Screening for breast cancer (French National Cancer Institute / InCA / InCA, 2008)
- Screening for breast cancer in general practice (French National Authority for Health / ANAES, 2004)
- Screening for colorectal cancer (French National Cancer Institute / InCA, 2008)
- Screening for hepatitis C (French National Authority for Health / ANAES, 2001)
- Screening for HIV infection in France (French National Authority for Health / HAS, 2009)
- Screening for prostate cancer (French National Authority for Health / HAS, 2010)
- Screening of cervical cancer of the uterus (French National Authority for Health / ANAES, 2003)
- Screening of cervical cancer of the uterus (French National Cancer Institute / InCA, 2008)
- Situation and recommendations for screening of cervical cancer of the uterus in France (French National Authority for Health / HAS, 2010)
- Strategies for the prevention of dental caries (French National Authority for Health / HAS, 2010)
- Support flu outside a pandemic (Society of Infectious Pathology French Language, 2005)
- Therapeutic management of dyslipidemic patients (French Agency for the Safety of Health Products / AFSSAPS, 2005)
- Therapeutic strategies for smoking cessation (French National Authority for Health / HAS, 2007)
- Therapeutic strategies medicated and non aid to smoking cessation (French Agency for the Safety of Health Products / AFSSAPS, 2003)

- Treatment of macular degeneration related to age (French National Authority for Health / ANAES, 2001)

U.S. Preventive Services Task Force:

- Behavioral Counseling to Prevent Sexually Transmitted Infections (2008)
- Behavioral Counseling to Prevent Skin Cancer (2003)
- Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults (2003)
- Counseling about Proper Use of Motor Vehicle Occupant Restraints and Avoidance of Alcohol Use to Prevent Injury (2007)
- Counseling and Interventions to Prevent Tobacco Use and Tobacco-Caused Disease in Adults (2009)
- Genetic Risk Assessment and BRCA Mutation Testing for Breast Cancer and Ovarian Cancer Susceptibility (2005)
- Menopausal Hormone Therapy: Preventive Medication (2012)
- Primary Care Interventions to Prevent Low Back Pain in Adults (2004)
- Routine Vitamin Supplementation to Prevent Cancer and Cardiovascular Disease (2003)
- Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse (2004)
- Screening for Abdominal Aortic Aneurysm (2005)
- Screening for Asymptomatic Bacteriuria in Adults (2008)
- Screening for Bladder Cancer (2011)
- Screening for Blood Pressure in Adults (2007)
- Screening for Breast Cancer (2009)
- Screening for Carotid Artery Stenosis (2007)
- Screening for Cervical Cancer (2003)

- Screening for Chlamydial Infection (2007)
- Screening for Chronic Obstructive Pulmonary Disease (2008)
- Screening for Colorectal Cancer (2008)
- Screening for Coronary Heart Disease with Electrocardiography (2004)
- Screening for Dementia (2003)
- Screening for Depression in Adults (2009)
- Screening for Genital Herpes Infection (2005)
- Screening for Glaucoma (2005)
- Screening for Gonorrhea Infection (2005)
- Screening for Gynecologic Cancers: Counseling (Inactive)
- Screening for Hemochromatosis (2006)
- Screening for Hepatitis B Virus Infection in non-pregnant adolescents and Adults (2004)
- Screening for Hepatitis C Infection in Adults (2004)
- Screening for Human Immunodeficiency Virus Infection (2005)
- Screening for Illicit Drug Use (2008)
- Screening for Impaired Visual Acuity in Older Adults (2009)
- Screening for Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults (2004)
- Screening for Iron Deficiency Anemia (2006)
- Screening for Lipid Disorders in Adults (2008)
- Screening for Lung Cancer (2004)
- Screening for Oral Cancer (2004)
- Screening for Osteoporosis (2011)
- Screening for Ovarian Cancer (2005)
- Screening for Pancreatic Cancer (2004)

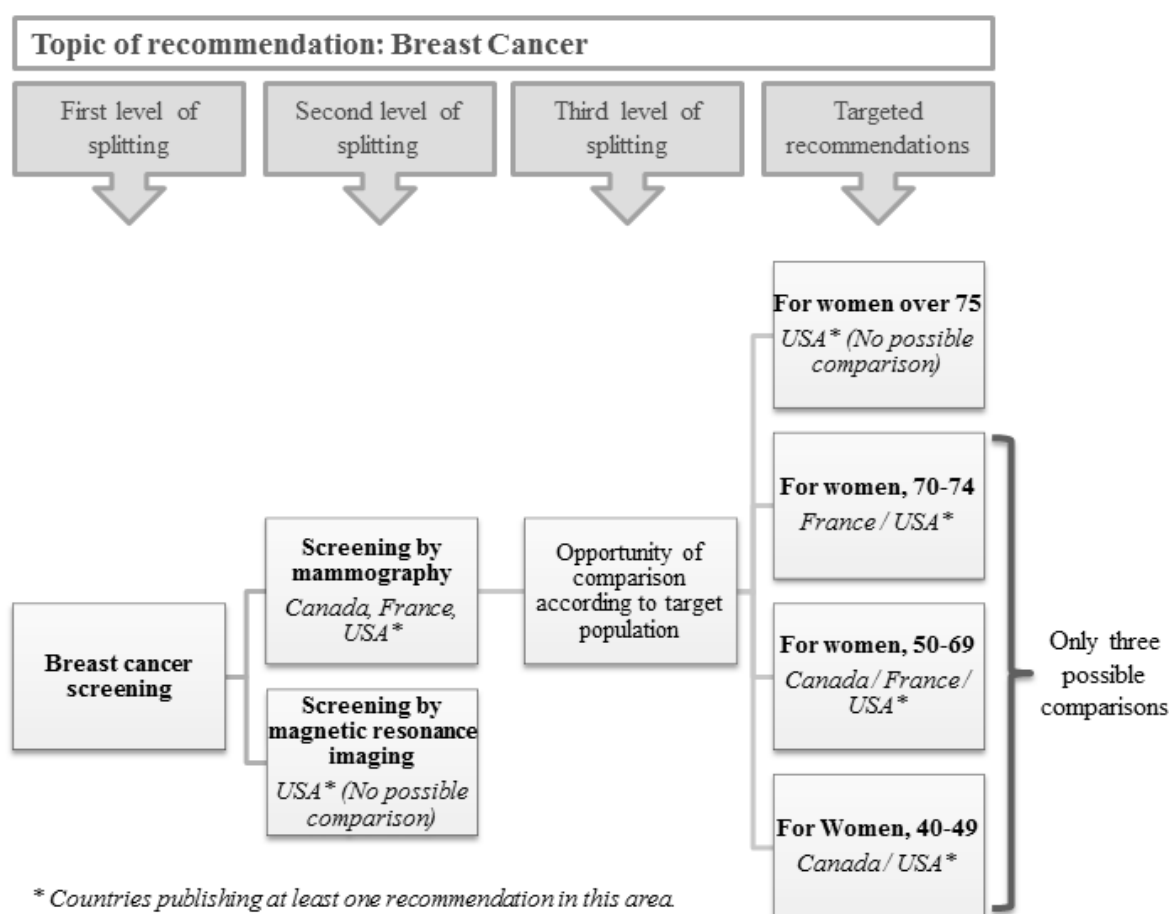
- Screening for Peripheral Arterial Disease (2005)
- Screening for Prostate Cancer (2008)
- Screening for Rubella (1996)
- Screening for Skin Cancer (2009)
- Screening for Syphilis Infection (2004)
- Screening for Testicular Cancer (2011)
- Screening for Thyroid Cancer (1996)
- Screening for Thyroid Disease (2004)
- Screening for Tuberculosis Infection (1996)
- Screening for Type 2 Diabetes Mellitus in Adults (2008)
- Using Nontraditional Risk Factors in Coronary Heart Disease Risk Assessment (2009)

APPENDIX METHOD 2: EXAMPLE OF CATEGORIZATION AND SPLITTING PROCESS FOR THE CANADIAN, FRENCH AND US RECOMMENDATIONS ON PREVENTIVE CARE FOR BREAST CANCER IN ADULTS INCLUDED UP TO NOVEMBER 3RD, 2011.

In the “Cancer” clinical category were included recommendations on bladder cancer, breast cancer, cervical cancer, colorectal cancer, lung cancer, pancreatic cancer, prostate cancer, skin cancer, testicular cancer and thyroid cancer.

Considering the “topic of recommendation” of breast cancer, France and Canada both advised screening in the general population by mammography (defined as a “preventive service”), for women aged 50 to 74 and 40 to 69, respectively; the USA also advised for women over 40 years and for magnetic resonance imaging (defined as another “preventive service”). In this case, we performed a three-country comparison only for mammography in women aged 50 to 69 (as a first “targeted recommendation”). We performed a two-country comparison for mammography in women aged 70 to 74 for France versus the USA (as a second “targeted recommendation”) and another for mammography in women aged 40 to 49 for Canada versus the USA (as a third “targeted recommendation”). No comparison was available on other age groups, or on magnetic resonance imaging. The splitting process did not take into account the recommended frequency of each preventive service. Appendix Figure 1 describes the splitting process for breast cancer.

APPENDIX FIGURE 1: FLOW CHART OF SPLITTING PROCESS FOR THE CANADIAN, FRENCH AND US RECOMMENDATIONS ON PREVENTIVE CARE FOR BREAST CANCER IN ADULTS UP TO NOVEMBER 3RD, 2011.



APPENDIX TABLE 1: GRADE DEFINITIONS USED BY THE CANADIAN TASK FORCE ON PREVENTIVE HEALTH CARE, THE FRENCH NATIONAL AUTHORITY FOR HEALTH AND THE UNITED STATES PREVENTIVE SERVICES TASK FORCE UP TO NOVEMBER 3RD, 2011.

Grade	Definition
Grade definition used by the CTFPHC until August 2003	
A	There is good evidence to support the recommendation that the condition be specifically considered in a periodic health examination.
B	There is fair evidence to support the recommendation that the condition be specifically considered in a periodic health examination.
C	There is poor evidence regarding the inclusion or exclusion of the condition in a periodic health examination, but recommendations may be made on other grounds.
D	There is fair evidence to support the recommendation that the condition be excluded from consideration in a periodic health examination.
E	There is good evidence to support the recommendation that the condition be excluded from consideration in a periodic health examination.
Grade definition used by the CTFPHC after August 2003	
A	There is good evidence to recommend the clinical preventive action.
B	There is fair evidence to recommend the clinical preventive action.
C	The existing evidence is conflicting and does not allow making a recommendation for or against use of the clinical preventive action; however other factors may influence decision-making.
D	There is fair evidence to recommend against the clinical preventive action.
E	There is good evidence to recommend against the clinical preventive action.
I	There is insufficient evidence (in quantity and/or quality) to make a recommendation, however other factors may influence decision-making.
Grade definition used by the French National Authority For Health	
A	Scientific evidence established. The evidence provided by literature is considered as level 1: randomized controlled trials with high power, meta-analysis of randomized controlled trials, decision analysis based on properly conducted surveys.
B	Scientific presumption. The evidence provided by literature is considered as level 2: randomized controlled trials with low power, comparative studies not well randomized, study cohort.
C	Low level of evidence. The evidence provided by literature is considered as level 3 (case-control studies) or 4 (largely biased comparative studies, retrospective studies, case series).

Grade	Definition
(default)	Professional consensus. Literature data are inadequate or incomplete. Taking into account practices and expert opinions.
Grade definition used by the USPSTF until May 2007	
A	Providing the service to eligible patients strongly recommended. Good evidence that the service improves important health outcomes and concludes that benefits substantially outweigh harms.
B	Providing the service to eligible patients recommended. At least fair evidence that the service improves important health outcomes and concludes that benefits outweigh harms.
C	No recommendation for or against routine provision of the service. At least fair evidence that the service can improve health outcomes but the balance of benefits and harms is too close to justify a general recommendation.
D	Providing the service to asymptomatic patients not recommended. At least fair evidence that the service is ineffective or that harms outweigh benefits.
I	Insufficient evidence to recommend for or against routinely providing the service. Evidence that the service is effective is lacking, of poor quality, or conflicting and the balance of benefits and harms cannot be determined.
Grade definition used by the USPSTF after May 2007	
A	Recommended, with high certainty that the net benefit is substantial.
B	Recommended, with high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.
C	Recommendation against routinely providing the service, with at least moderate certainty that the net benefit is small. There may be considerations that support providing the service in an individual patient.
D	Recommendation against the service, with moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.
I	The current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.
<i>CTFPHC: Canadian Task Force on Preventive Health Care; USPSTF: United States Preventive Services Task Force</i>	

APPENDIX TABLE 2: DESCRIPTION OF THE 77 TOPICS OF RECOMMENDATION FROM THE CANADIAN, FRENCH AND US RECOMMENDATIONS ON PREVENTION IN ADULTS ACCORDING TO CLINICAL CATEGORIES, UP TO NOVEMBER 3RD, 2011. *

Clinical category	Number of topics of recommendation		
	CANADA (n = 47)	FRANCE (n = 54)	US (n = 57)
Cancers	10 (21%)	13 (24%)	8 (14%)
Cardio vascular diseases	7 (15%)	6 (11%)	5 (9%)
Infectious diseases	11 (23%)	13 (24%)	13 (23%)
Injury, Mental health, and Musculoskeletal disorders	6 (13%)	10 (19%)	10 (18%)
Metabolic, nutritional, and endocrine conditions	6 (13%)	4 (7%)	7 (12%)
Miscellaneous	7 (15%)	8 (15%)	14 (25%)

*Values are number and (%). * Among them, four main topics allowing no country comparison met a predefined non-inclusion criterion: pregnancy and its follow-up (low birth weight and preterm birth, phenylketonuria, cytomegalovirus infection) as well as long-term disease (suicide risk).*

APPENDIX TABLE 3: DESCRIPTION OF THE LEVEL OF AGREEMENT IN ONE-TO-ONE-COUNTRY COMPARISON FOR THE 166 TARGETED RECOMMENDATIONS ALLOWING AT LEAST A TWO-COUNTRY COMPARISON IN CANADA, FRANCE AND THE USA, INCLUDED UP TO NOVEMBER 3RD, 2011.

	Strong agreement	Intermediate agreement	Major disagreement	Total
Canada vs. France	16 (21%)	43 (57%)	17 (22%)	76 *
Canada vs. USA	32 (27%)	53 (45%)	34 (29%)	119 *
France vs. USA	13 (16%)	50 (62%)	18 (22%)	81 *
Total	61	146	69	276 *

Values are number and (%). Due to one-to-one comparisons, this amount takes into account the same 55 targeted recommendations allowing a three-country comparison three times, in addition to those allowing only a two-country comparison (Canada: 21; France: 64; USA: 26).*

APPENDIX TABLE 4: DETERMINANTS OF STRONG AGREEMENT (VS. INTERMEDIATE AGREEMENT OR MAJOR DISAGREEMENT) BETWEEN THE CANADIAN, FRENCH AND US TARGETED RECOMMENDATIONS, INCLUDED UP TO NOVEMBER 3RD, 2011.

	Univariate analysis			Multivariate analysis	
	n	OR [95% CI]	<i>p</i> ₁	OR [95% CI]	<i>p</i> ₂
Clinical category					
Metab., nutritional, and endocrine cond.	21	1	-	-	-
Miscellaneous	5	1.06 [0.04 - 10.6]	0.96	-	-
Cancers	64	1.08 [0.32 - 4.37]	0.90	-	-
Cardiovascular diseases	30	1.29 [0.33 - 5.77]	0.72	-	-
Infectious diseases	23	1.50 [0.35 - 6.99]	0.59	-	-
Injury / Mental health / Musc. dis.	23	4.64 [1.23 - 20.8]	0.03	-	-
Sequence of steps of the medical consultation					
Intervention	12	1	-	1	-
Techniques and procedures	98	2.82 [0.49 - 55.83]	0.34	2.12 [0.35 - 42.2]	0.50
Counseling	37	5.28 [0.85 - 107.5]	0.14	4.17 [0.65 - 85.5]	0.21
History-taking and physical examination	19	12.2 [1.78 - 259.7]	0.03	11.3 [1.61 - 241.2]	0.04
Gender of the target population					
Only for men	30	1	-	-	-
Only for women	52	1.05 [0.32 - 3.77]	0.94	-	-
For both genders	84	2.64 [0.97 - 8.55]	0.08	-	-
Age of the target population					
Individuals over 50	48	1	-	-	-
Individuals under 50	21	1.83 [0.48 - 6.68]	0.36	-	-
Different age limits	97	2.75 [1.15 - 7.39]	0.03	-	-

		Univariate analysis		Multivariate analysis	
	n	OR [95% CI]	p_1	OR [95% CI]	p_2
Risk level for disease occurrence					
General population	120	1	-	1	-
High-risk population	46	2.81 [1.34 - 5.94]	0.007	3.13 [1.42 - 6.99]	0.005
Maximum time range between recommendations' publication					
Less than 5 years	43	1	-	-	-
5 to 9 years	41	0.41 [0.14 - 1.09]	0.08	-	-
10 to 14 years	52	0.45 [0.18 - 1.12]	0.09	-	-
15 years or more	30	0.61 [0.21 - 1.69]	0.35	-	-

n: number of targeted recommendations; *OR*: Odds Ratio; *95%CI*: 95% Confidence Interval. *Injury/Mental health/Musc. dis.*: Injury, Mental health, and Musculoskeletal disorders; *Metab., nutritional, and endocrine cond.*: Metabolic, nutritional, and endocrine conditions. p_1 : *p* value of the univariate logistic regression explaining strong agreement (vs. intermediate agreement or major disagreement); p_2 : *p* value of the multivariate logistic regression with backward stepwise explaining strong agreement (vs. intermediate agreement or major disagreement).